

**Human Rights Council Consultation on HIV  
Elizabeth Glaser Pediatric AIDS Foundation  
12 February 2019**

For 30 years, the Elizabeth Glaser Pediatric AIDS Foundation has been fighting for children's equal rights to HIV prevention, treatment, and care, a fight Elizabeth Glaser began when she lost her 7-year old daughter Ariel to AIDS. Despite certain progress, major challenges remain, especially in sub-Saharan Africa, home to 90% of HIV positive children and adolescents. Far fewer children are on treatment than adults, and those on treatment fare less well than adults. Adolescent girls and young women are at much higher risk of HIV transmission, and progress on prevention of vertical transmission has stagnated in recent years.

Much more should be done to uphold their rights, particularly in three areas.

**First**, pediatric HIV prevention is tied to preventing HIV among adolescent girls and young women, who have infection rates around 50% higher than males in sub-Saharan Africa. Girls also make up two-thirds of new HIV infections in the 15-19 age group. Reducing such infections requires full access to sexual and reproductive health services, including HIV testing, treatment, and counselling, with age of consent laws that allow access to testing and treatment by all adolescents in need. Girls must also have greater access to secondary education, as studies show longer schooling is connected to lower rates of HIV infection. Social protection such as cash transfers and nutrition support can help girls avoid transactional sex or relationships with older men, both drivers of the HIV epidemic. And both formal and customary laws must effectively end child marriage, gender-based violence, and all other discrimination and discriminatory actions against women and girls.

**Second**, more must be done to uphold children's right to health, especially full access to early testing, quick linkage to treatment, and support to stay on treatment over the long term. HIV in children progresses very quickly, but in Africa, only 52% of infants were tested by 2 months of age in 2017, and only 49% were on life-saving treatment. Early infant diagnosis done at point of care is proving highly effective in linking HIV positive babies quickly to treatment and should be expanded. More support needs to be directed to training for health care workers in identifying and managing pediatric HIV cases, development and uptake of the best available pediatric ARVs, youth-friendly services for children and adolescents, and peer support to promote retention in care.

**Finally**, stigma and discrimination has a particularly damaging effect on children's access to testing and treatment, as well as on their mental health. We ask countries to increase efforts to combat it in schools, health care settings, and all other areas particularly affecting children and their caregivers.

In closing, we urge the Human Rights Council to pay more pointed attention to the rights of children in resolutions, debates, and UPR recommendations, as they are among the most vulnerable groups affected by HIV yet are too often forgotten. In terms of regional accountability mechanisms, the 2018 Study of the African Commission on Human and Peoples' Rights is a good source of information on challenges and best practices in the African region, and we urge countries to fully implement its recommendations.